

Name
in
Full

Mildred Alluett

CERTIFICATE OF DEATH

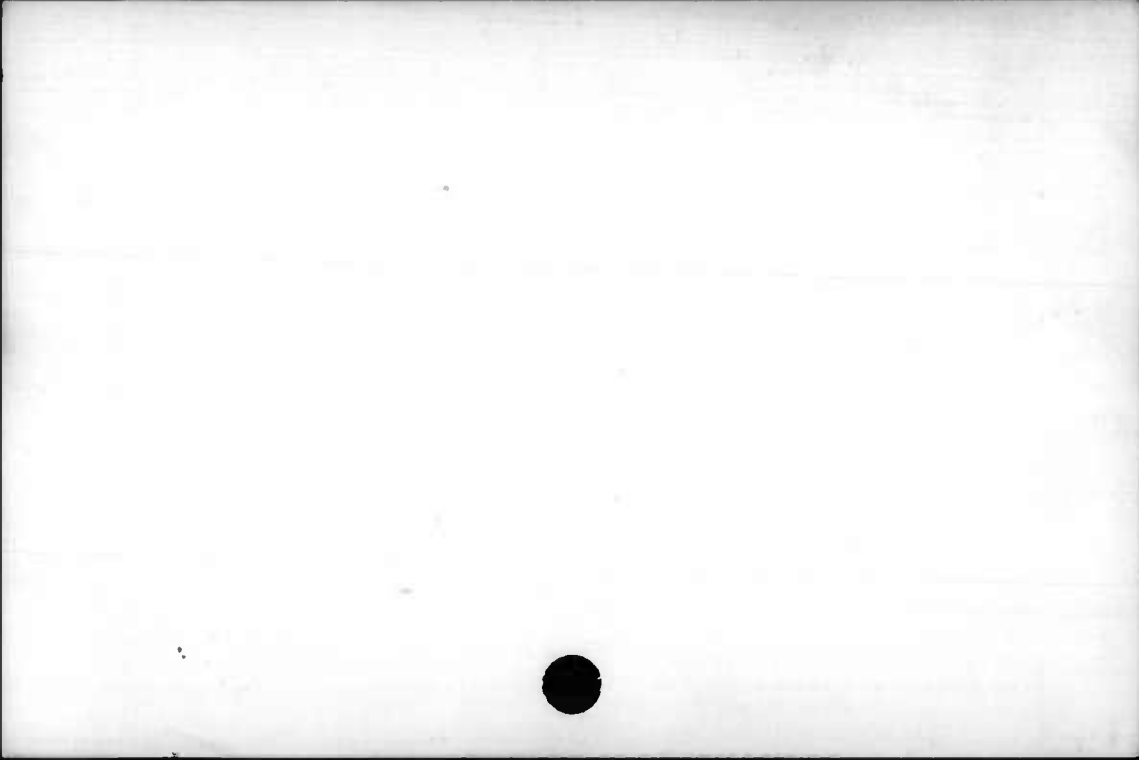
TO BE ANSWERED BY
NEAREST FRIENDDied at *Danoville* ^{Town}*Trinity* ^{County}

MARYLAND

Date of death *1905* ^{Month} *3*Day *11*Age *2* ^{Years}Months *1*Days *16*Sex *Female*Color or Race *White*Birth-place *Danoville Md.*Occupation *—*Where Residing if not
at place of death *—*Married, Single *—*
or WidowedName of Wife or
Husband *—*Father's Name *Lawrence Alluett*Father's Birthplace *Danoville*Mother's Maiden Name *Ellen B. Thomas*Mother's Birthplace *Buckeyville*Name of person giving
Information *—*How related
to deceased *—*

CAUSES OF DEATH

Primary *Lobar pneumonia* ^{How long} *3 wks.*Immediate *Couid* ^{How long} *1 wk.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*U. D. House*
Address *Danoville Md.*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Mabelle Askins

Town

County

Unity Montgomery

MARYLAND

Died at

1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Mar. 28

Age

2 0 5

Ohio

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

unknown

Mother's
Name

Susie Askins

Cause of

Primary

Worms

How long sick

2 mo.

Death

Immediate

convulsions

Accident, Suicide, Homicide

Reported by

R H Lansdale Jr.

Address

Unity Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868



Name
in
Full

Alexander Benson Bean

CERTIFICATE OF DEATH

Mont

MARYLAND

Died at *Bethesda*

Town

Montgomery

County

Date

of death *190*

Month

March

Day

10th

Age

Years

78

Months

7

Days

3

Sex

Male

Color or
Race

White

Birth-
place

MD

Occupation

Farmer

Where Residing if not
at place of death

Abroad

☒ Married, Single
☐ Widowed

Name of Wife or
Husband

Ann Maria Bean

Father's
Name

Noble Bean

Father's
Birthplace

MD

Mother's
Maiden Name

Elizabeth Lee

Mother's
Birthplace

MD

Name of person giving
Information

James T. Bean

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

Several years

Immediate

Renal Failure

How long

Imm

Are the name, age, sex, color, date
and place correctly given above?

Un doubted

Signature of
Physician

Address

*J. W. Chaff
3901 Grant
Washington*

Accident or Suicide?

LIBRARY B

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Dr. J. W. Chappell
Tenleytown

D.C.

Name
in
Full

Mariah Beckwith

CERTIFICATE OF DEATH

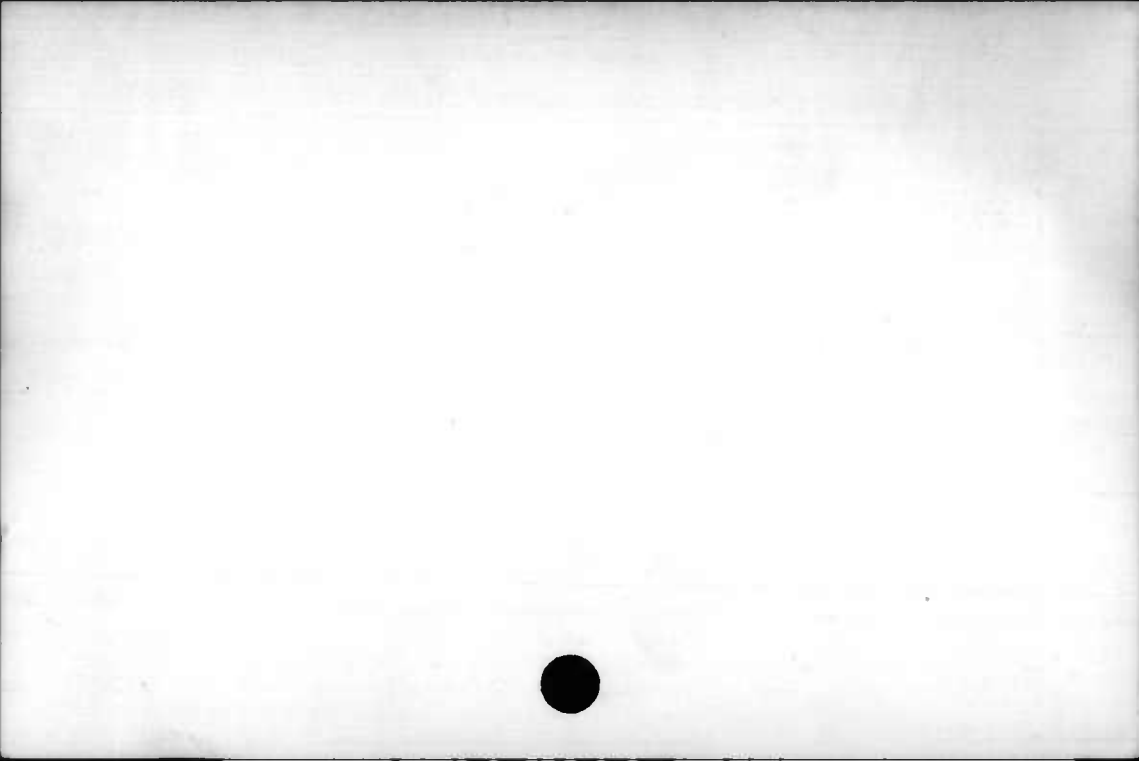
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sugarland</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death	1905	Month	3	Day	31
Age		42		Years	
Sex		Female		Color or Race	Negro.
Occupation		Housewife		Birth-place	Sugarland.
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband <u>Tobias Beckwith</u>				
Father's Name	<u>Wm. Taylor</u>				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information	<u>M-D.</u>				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Endocarditis</u>	How long	<u>—</u>
Immediate	<u>Rupture of cerebral artery - Coma.</u>	How long	<u>1 wk.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>M-D. Bourse</u>
		Address	<u>Bansecowille, Md.</u>
Accident or Suicide?			



Name in Full

Certificate of Death

Robert B. Brown

Town

County

Unity

Montgomery

MARYLAND

Died at

Date

1905-

Month

Day

Y.

M.

D.

Native of

Occupation

March 16

Age

73

11

28

Maryland

Mechanic

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

9

Husband

of

Hannah R. Sullivan

Wife

Father's

Name

Robert Brown

Mother's

Name

Jennie Bond

Cause of

Primary

Paralysis

Death

Immediate

apoplexy

How long sick

5 years

Accident, Suicide, Homicide

Reported by

H. G. Skinner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name In Full

Certificate of Death

Martha L. Brundette

Died at Mullinix P.O. Mont.

MARYLAND

Date 1905- ^{Month} 3 ^{Day} 7 Age 22 - ^{Y.} - ^{M.} - ^{D.} Native of U. S. Occupation House wife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Thomas Brundette

Wife

Father's Name James H. Bolton Mother's Name Mary Cuden

Cause of Death { Primary Pneumonia Immediate Miscarriage

How long sick 9 days

Accident, Suicide, Homicide

Reported by P. J. Lunsdale M.D.

Address Damascus Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Leo Burrough
 Town County

Died at *outside*

Montgomery

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1905	8	7	-	-	4	md	-
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of
Wife

Father's
Name *Levis Burrough*

Mother's
Name *Lyclia Burrough*

Cause of
Primary *Convulsions*

How long sick
12 - hours

Death
Immediate -

Accident, Suicide, Homicide

Reported by *Roger Brooke*

Address *Sandy Spring md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

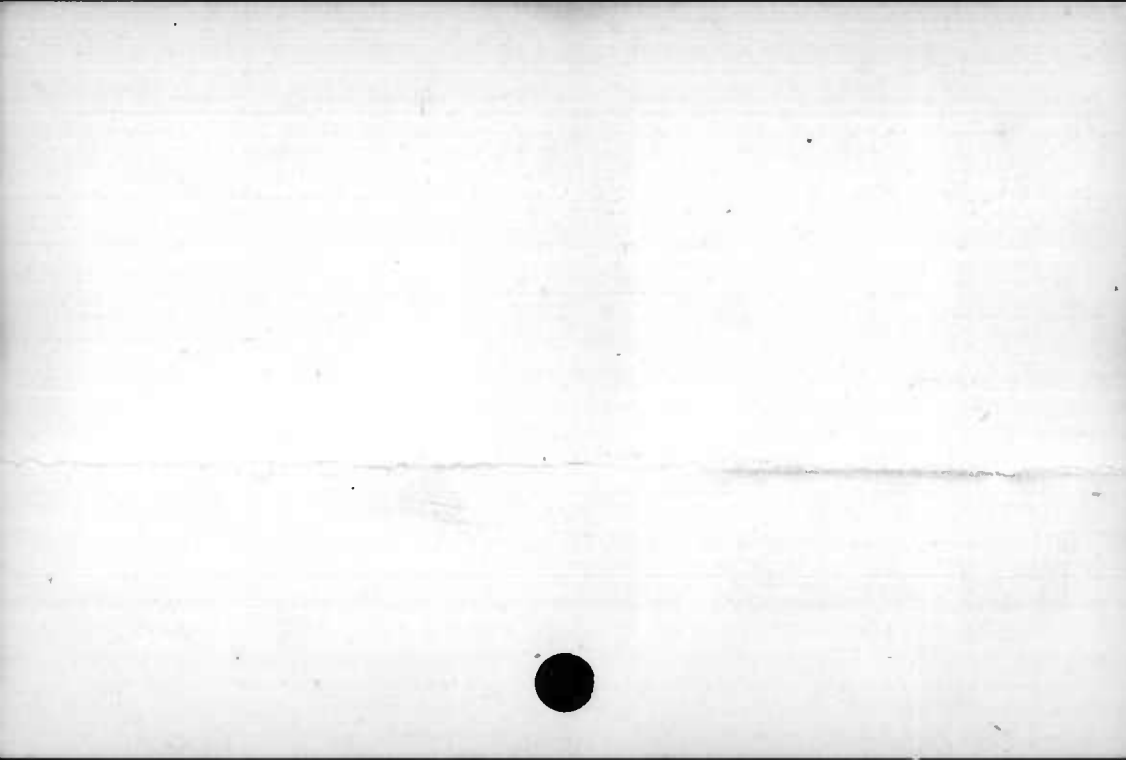
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *James Borch* ^{Town} *Colmarville* ^{County} *Montgomery*Date of death *1903* ^{Month} *March* ^{Day} *15* ^{Years} *73* ^{Months} *7* ^{Days} *3*Sex *Male* Color or Race *Black* ^{Birth-place} *Howard Co*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John Borch* ^{Father's Birth-place} *Howard Co*Mother's Maiden Name *Maria Borch* ^{Mother's Birth-place} *Howard Co*Name of person giving information *Michael Peter* ^{How related to deceased} *son*

CAUSES OF DEATH

Primary Cause *Found Dead* *179* How longImmediate Cause *Heart Failure* How longAre the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. R. Babson*Address *Spencerville*Accident or Suicide? *no*



Name in Full

Certificate of Death

Eugene

Dorsey

Town

County

MARYLAND

Died at

Elmer

Montgomery

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

Mar 23

Age

2

Md

None

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Moses Dorsey

Mother's

Maiden Name

Auntie Logan

Cause of

Primary

Supposed to be

How long sick

Death

Immediate

Pneumonia

93

4 days

Accident, Suicide, Homicide

Reported by

Address

D. W. Walling - Fordsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rockville</i>		Town <i>Montgomery</i>		County	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>27</i>	Age <i>76</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband				
Father's Name <i>William Dorsey</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name	Name of person giving information <i>J. William Rabbitt</i>		How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Albuminuria</i>	How long <i>120</i>	How long <i>One year</i>
Immediate <i>Pericardial dropsy</i>	How long <i>Two weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. Anderson M.D.</i>	
	Address <i>Rockville, Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Mr. Susan R. Day
Died near Gaithersburg Montgomery

MARYLAND

Date of death 1905 - March 2 Age 79

Sex Female Color or Race white Birthplace near Gaithersburg

Occupation Housewife Where Residing if not at place of death near Gaithersburg

Married, Single or Widowed Married Name of Wife or Husband Jacob Day

Father's Name Richard Mills Father's Birthplace Gaithersburg

Mother's Maiden Name Sarah Mills Mother's Birthplace Gaithersburg

Name of person giving Information Mrs. Day How related to deceased Son

CAUSES OF DEATH

Primary Organic Heart disease How long Ten Years

Immediate Heart failure How long Two months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. L. Eberhart

Address Gaithersburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Dr. E. C. Etchison
Garthursburg
Maryland

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Georgie Durrace</i>		Town <i>Washington</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died Date of death <i>1905</i>		Month <i>March</i>	Day <i>18</i>	Years <i>28</i>	Months <i>11</i>	Days <i>11</i>	
Sex <i>Female</i>		Color Race <i>el</i>		Birth-place <i>Washington</i>			
Occupation <i>Homemaker</i>		Where Residing if not at place of death <i>Washington</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Joseph Durrace</i>					
Father's Name <i>Sam Durrace</i>				Father's Birthplace <i>Goshen</i>			
Mother's Maiden Name <i>Margaret Davis</i>				Mother's Birthplace <i>Goshen</i>			
Name of person giving Information <i>Frank Durrace</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Puerperal Septicaemia</i>	How long	<i>4 or 5 days</i>
Immediate	<i>"</i>	How long	<i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. E. Johnson</i>	
		Address <i>Washington</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Lewis Garner

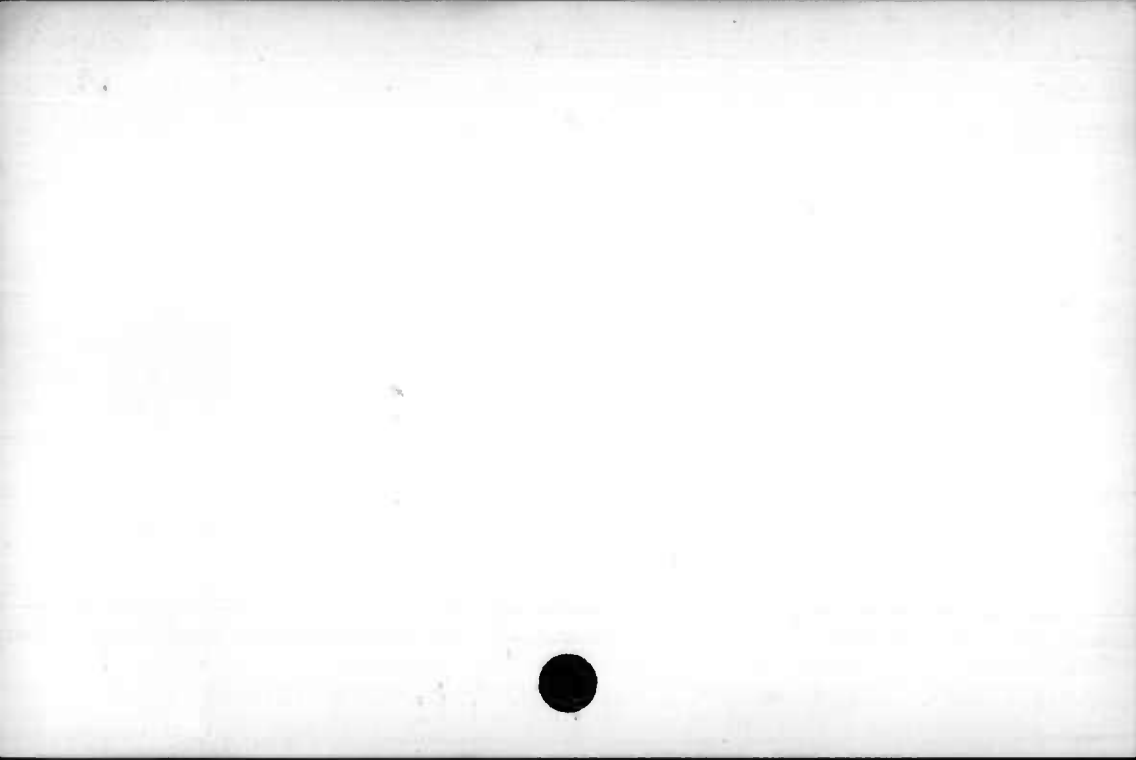
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sugar Land</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	190 <u>5</u> ^{Month}	<u>3</u> ^{Day}	Age <u>62</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>negro.</u>	
Occupation	<u>Day laborer.</u>		Where Residing if not at place of death	<u>Ky.</u>	
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Francis Garner (deceased)</u>	
Father's Name	<u>—</u>		Father's Birthplace	<u>—</u>	
Mother's Maiden Name	<u>—</u>		Mother's Birthplace	<u>—</u>	
Name of person giving Information	<u>M.D.</u>		How related to deceased	<u>—</u>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Pulmonary tuberculosis</u>	How long	<u>4 yrs.</u>
	Immediate	<u>Asthma</u>	How long	<u>—</u>
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
	Signature of Physician		<u>U.D. Bourse M.D.</u>	
		Address		<u>Danmouville Ind.</u>
Accident or Suicide?				



Name
in
Full

Mary Granger

CERTIFICATE OF DEATH

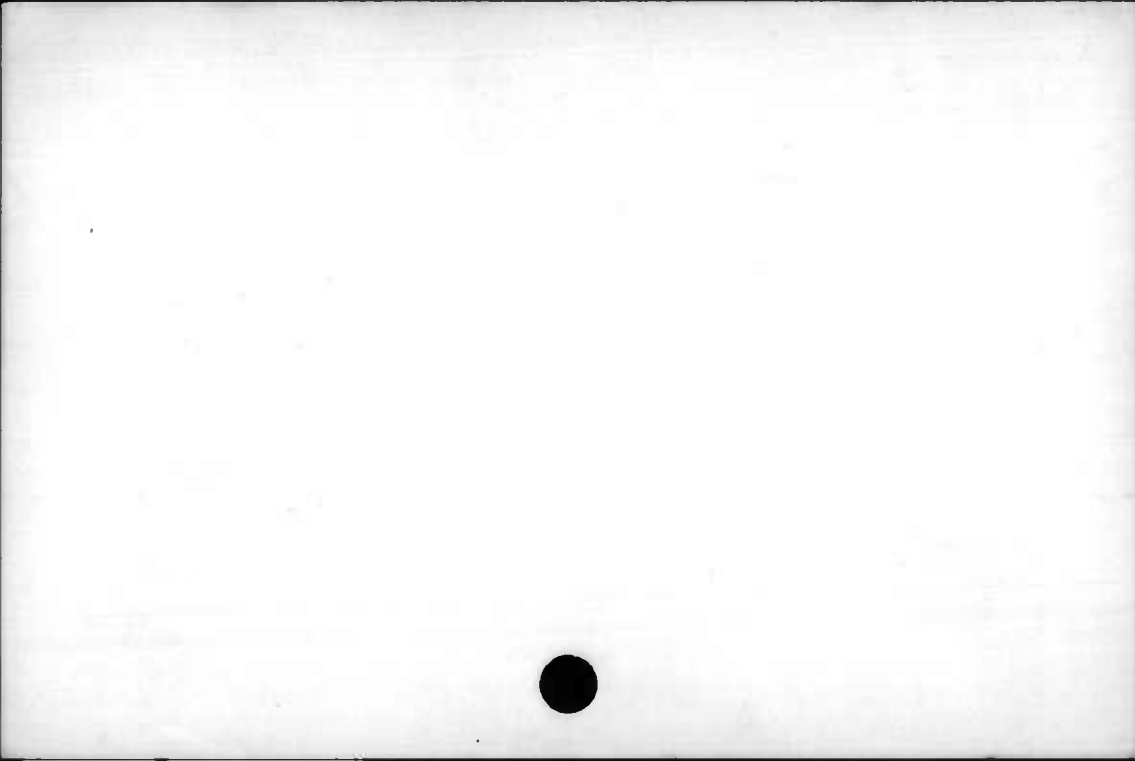
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>17</i>	Years <i>48</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>M. Lunde</i>			Mother's Birthplace <i>MD</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis, Pulmonary</i>	How long <i>1 year</i>
<i>meningeal</i>	How long <i>—</i>
Immediate <i>E. Laushtae</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. M. Linthecum</i>
	Address <i>Rockville MD</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

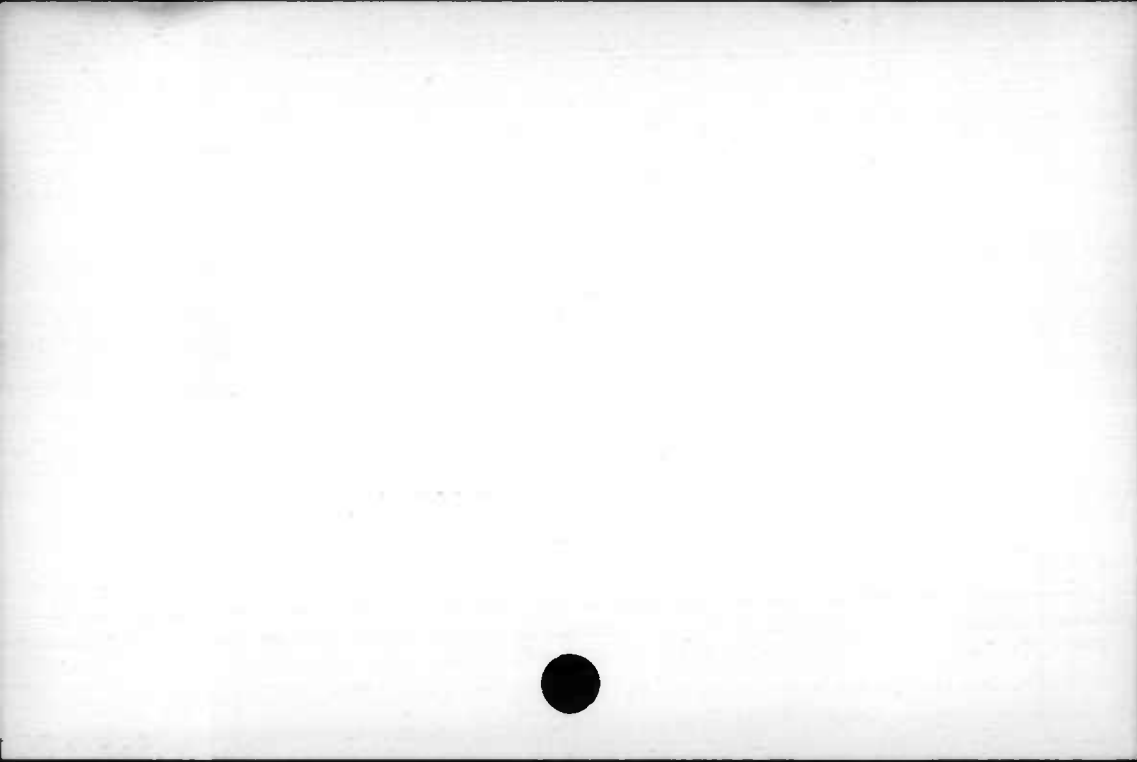
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Fannie Howard</i>		Town <i>Halpsin</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Halpsin</i>		Month <i>3</i>		Day <i>23</i>		Age <i>1</i>	
Date of death <i>1905</i>		Month <i>3</i>		Day <i>23</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Mulatto</i>		Birth- place <i>Maryland</i>		Days <i>2</i>	
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Howard</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Eliza Stewart</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving In formation <i>George Howard</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Four days</i>
Immediate <i>Convulsions</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name

in
Full

Willie James

CERTIFICATE OF DEATH

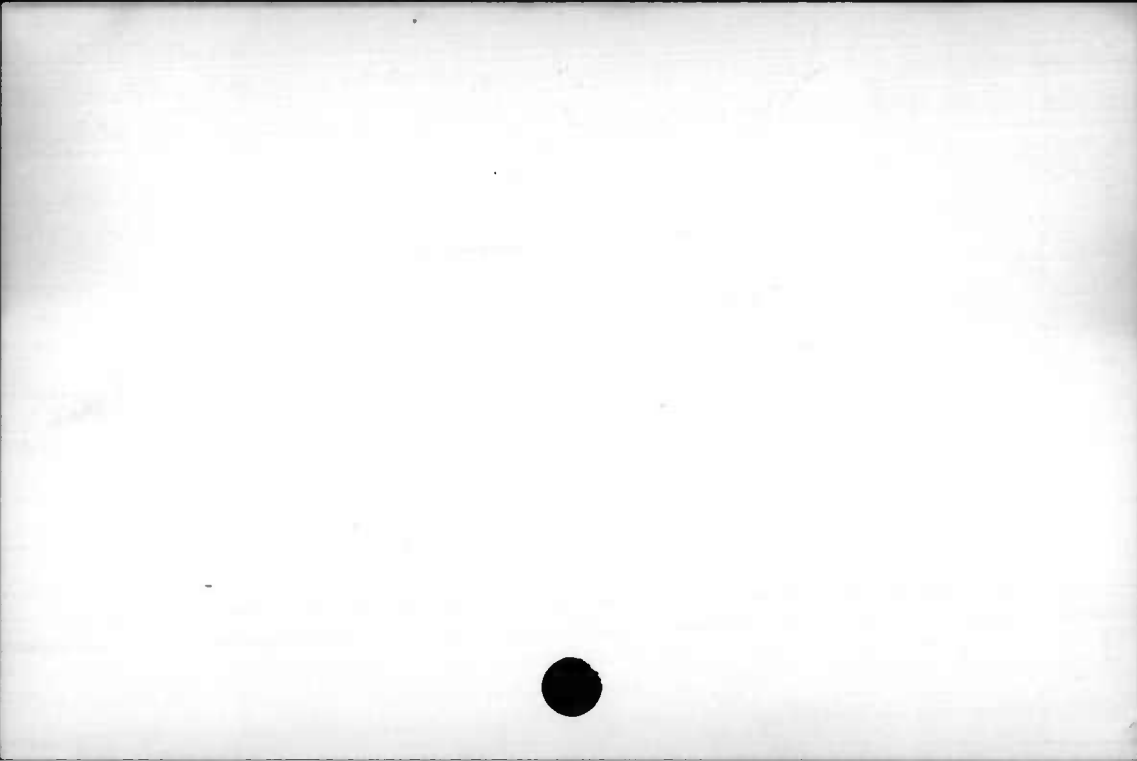
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>March</i>	Day <i>3</i>	Age <i>2</i> Years	Months <i>6</i> Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Rockville</i>		
Occupation			Where Residing if not at place of death <i>Rockville Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John James</i>	Father's Birthplace <i>Leesburg Va</i>				
Mother's Maiden Name <i>Bertie Thompson</i>	Mother's Birthplace <i>Wartburg</i>				
Name of person giving Information <i>John James</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

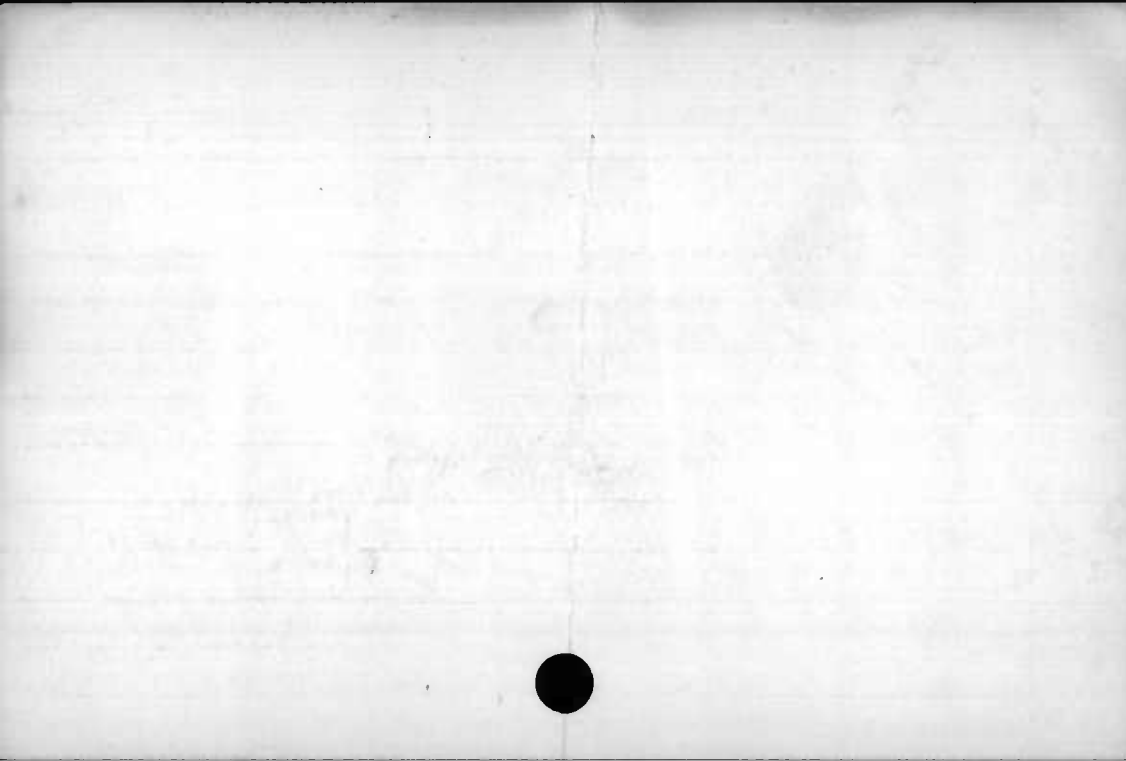
Primary <i>Pneumonia</i>	(93) ✓	How long <i>9 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Holt</i>	
	Address <i>Rockville Md</i>	
Accident or Suicide?		



Name in Full		Marshall Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Barnesville		Montgomery		MARYLAND	
	Date of death	1905	Month March	Day 28	Age 8	Years 5	Months 26
	Sex	Male		Color or Race	Colored		Birth- place
	Occupation	School boy		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Thos Johnson				Father's Birthplace	Barnesville
	Mother's Maiden Name	Ida Hutchinson				Mother's Birthplace	Barnesville
Name of person giving In formation	Harrison Johnson				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhus Mesenterica				How long	Three Months
	Immediate	Heart Failure				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. Stonestreet
	Accident or Suicide?					Address	Barnesville Maryland

Dr W. L. Lewis
Kensington
Montgomery Co
Md

Name in Full		Olie Jordan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Silver Spring			Montgomery			
	Date of death 1905	Month	Day	Age	Years	Months	Days
	5	March	9	20		0	0
	Sex	Female	Color or Race	White	Birth-place	Va.	
	Married, Single or Widowed	Single		Occupation	None		
Name of Wife or Husband							
Father's Name							
H. H. Jordan							
Mother's Maiden Name							
Alice Crose							
Name of person giving information							
H. H. Jordan							
Father's Birthplace							
Va.							
Mother's Birthplace							
"							
How related to deceased							
Father							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	4 mos
	Immediate	Syncope				How long	A few minutes
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				H. J. Brown		
	Address				Silver Spring		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Coltsville* Town *Montgomery* CountyDate of death *1905* Month *March* Day *31* Age *74* Years Months *6* DaysSex *Male* Color or Race *Black* Birthplace *North Carolina*Occupation *laborer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Rachel Nelson*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Geo Pullen* How related to deceased *Wife*

CAUSES OF DEATH

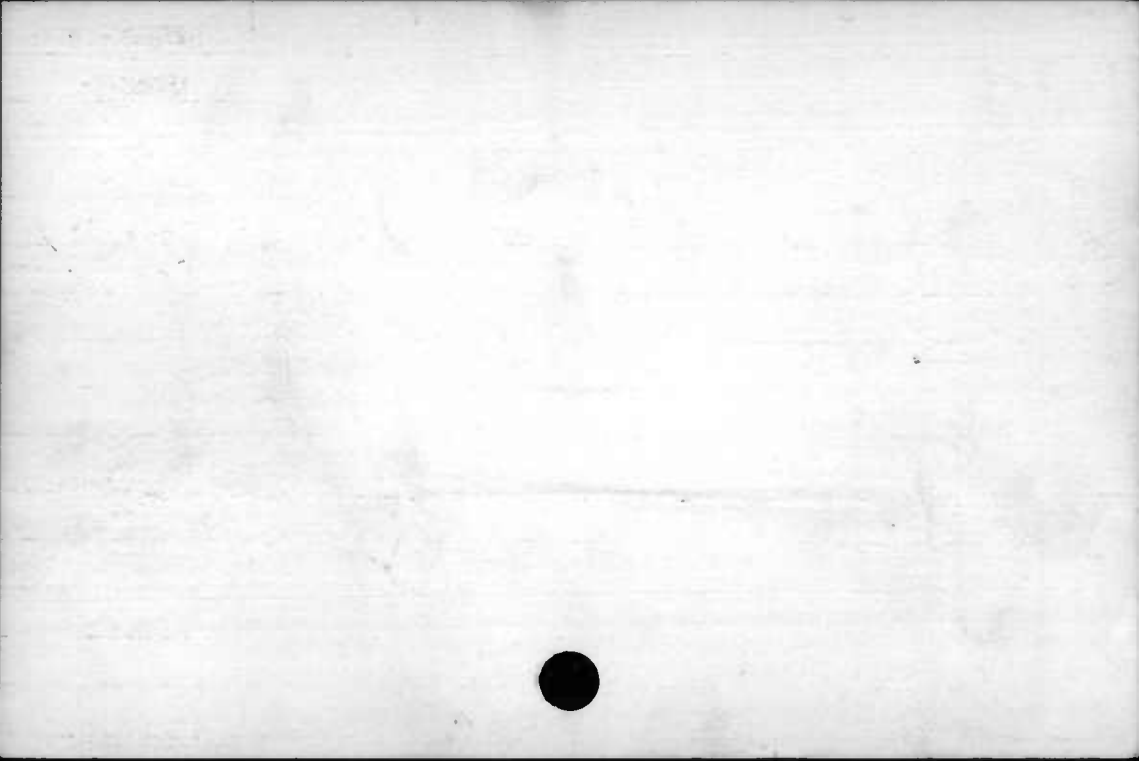
Primary *dropsy* How longImmediate *Heart failure* How longAre the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

John R. Batson
Spencer

Accident or Suicide?



Name
in
Full

Ida McAllister

CERTIFICATE OF DEATH

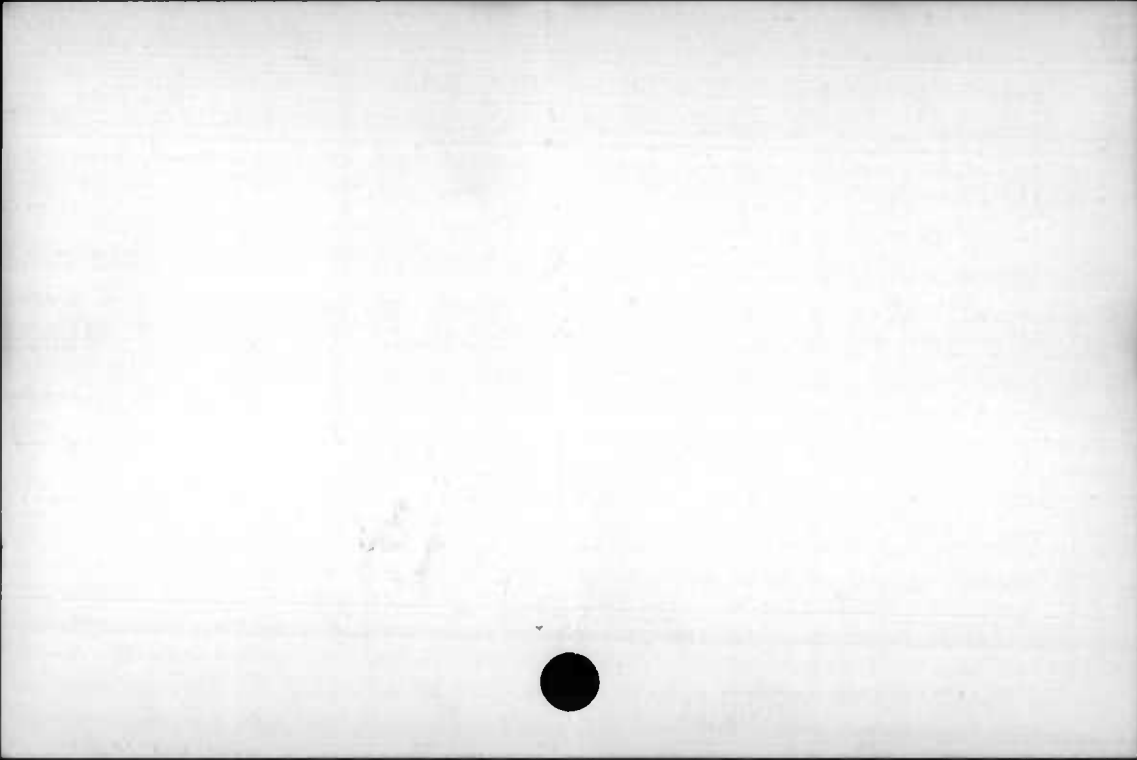
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Columbia</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>12</i>	Age <i>21</i>	Years	Months <i>0</i>	Days <i>0</i>			
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i> Md.</i>							
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>								
Name of Wife or Husband									
Father's Name <i>Albert McAllister</i>				Father's Birthplace <i> Md.</i>					
Mother's Maiden Name <i>Rachael Nelson</i>				Mother's Birthplace <i>"</i>					
Name of person giving information <i>Robt Nelson</i>				How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>18 mos</i>
Immediate <i>Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Brown</i>
<i>Yes</i>	Address <i>Burns Mills</i>
Accident or Suicide?	<i> Md.</i>



Name
in
Full

Mabel Matthews

CERTIFICATE OF DEATH

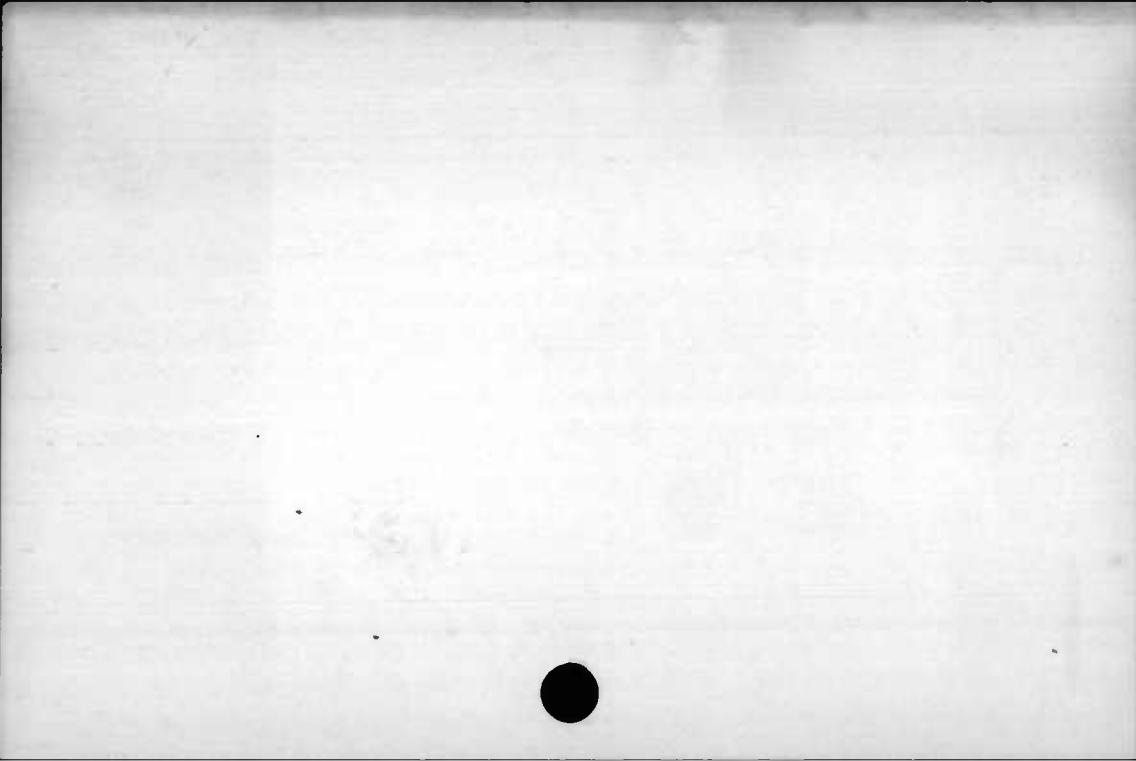
TO BE ANSWERED BY
NEAREST FRIEND

Died at, ^{Town} Ashlton		^{County} Boulgouery		MARYLAND	
Date of death 1905	Month March	Day 18	Years 4	Months 5	Days 7
Sex Female	Color or Race Colored		Birth-place Boulg. Co. Md.		
Married, Single or Widowed Single		Occupation —			
Name of Wife or Husband —					
Father's Name Roland Matthews			Father's Birthplace Boulg. Co. Md.		
Mother's Maiden Name Frances Pumpfrey			Mother's Birthplace Boulg. Co. Md.		
Name of person giving information William E. Bellows			How related to deceased Cousin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Nephritis.	How long Three months
Immediate Braemia & Meningitis	
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician C. C. Farguhar
	Address Q. L. W. Med.
Accident or Suicide?	



Name
in
Full

Laura Olivia Matthews

CERTIFICATE OF DEATH

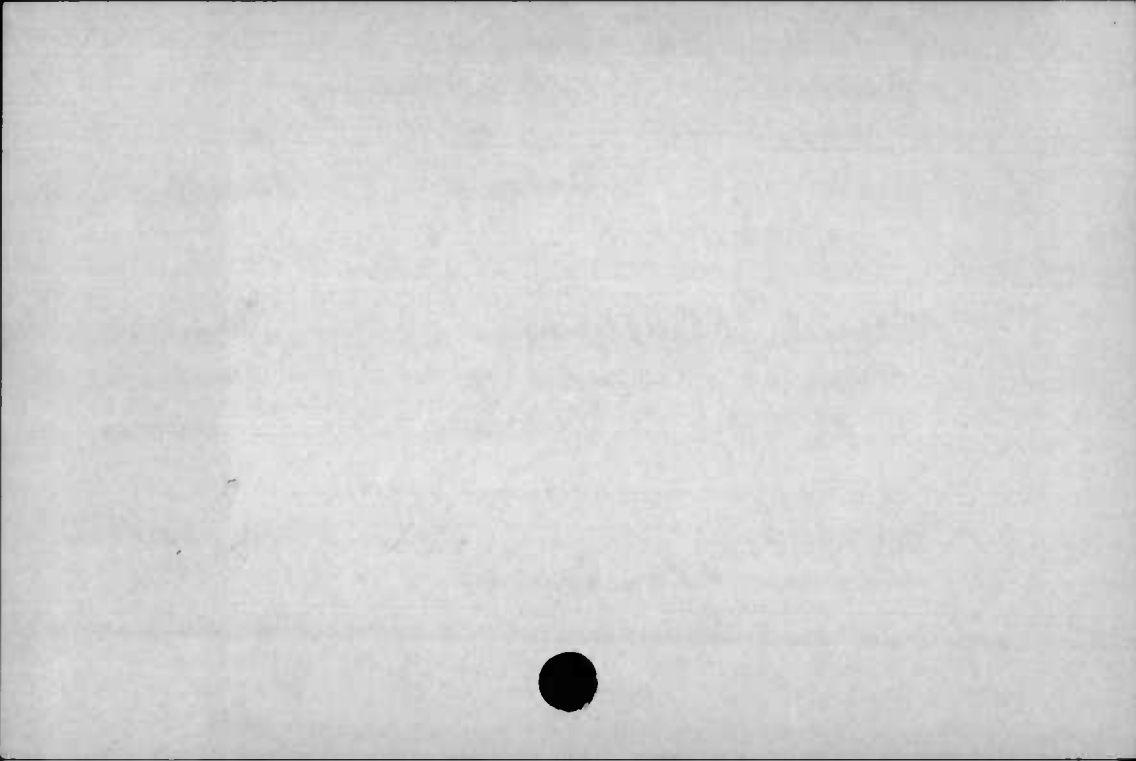
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brinklow</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>March</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>4</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>			Birth-place <i>Brinklow</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>William John Henry Matthews</i>			Father's Birthplace <i>Sandy Spring</i>		
Mother's Maiden Name <i>Mary Louis Pratt</i>			Mother's Birthplace		
Name of person giving information <i>Aug Stabler</i>			How related to deceased <i>Brinklow</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Heart failure</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Aug Stabler</i>
	Address <i>Brighton, Md.</i>
Accident or Suicide?	



Name
in
Full

Ellen Derrborn Menard-

CERTIFICATE OF DEATH

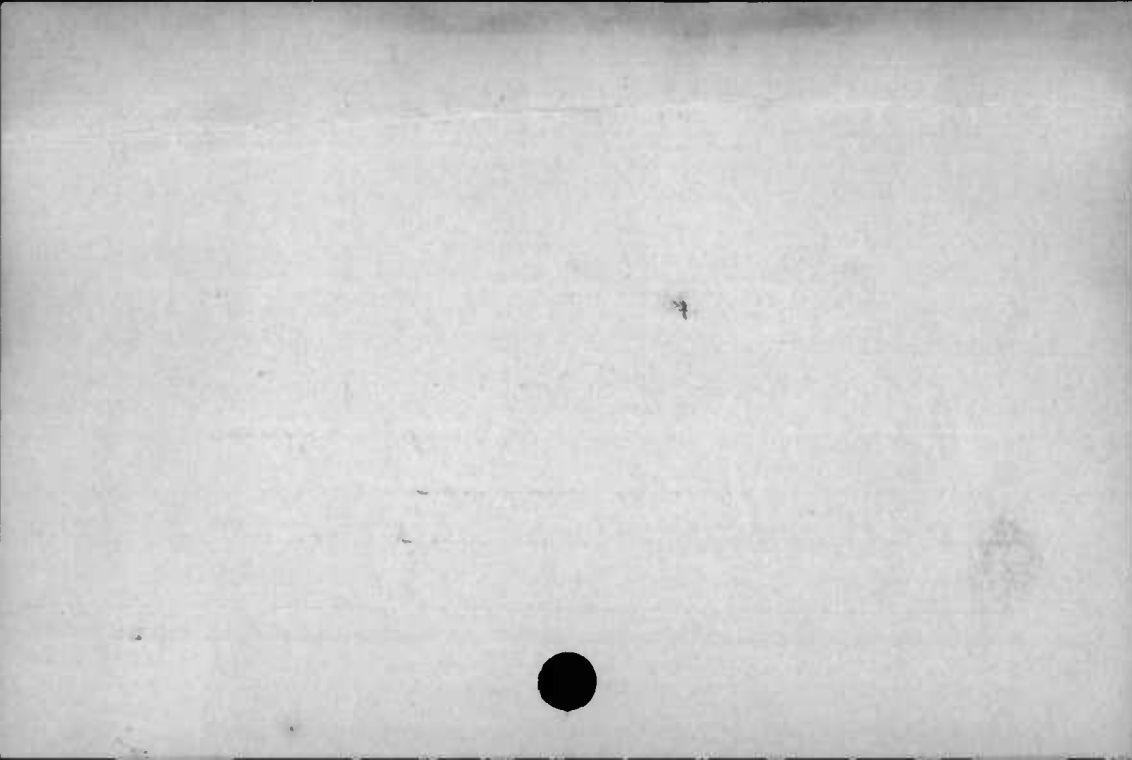
TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>horwood</i>		Town <i>Montgomery</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>25</i>	Age <i>65</i>	Years <i>6</i>	Months <i>6</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Loudoun Co. Va.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>horwood, Montgomery Co., Md.</i>					
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>Jno. B. Menard</i>					
Father's Name <i>Curtiss Gubb</i>				Father's Birthplace <i>Loudoun Co. Va.</i>			
Mother's Maiden Name <i>Harriett E. Hough</i>				Mother's Birthplace <i>Winchester Va.</i>			
Name of person giving information <i>Mrs. Julia M. Palmer</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN

Primary <i>Gastric Carcinoma</i>	How long <i>5 or 6 months</i>
Immediate <i>Exhaustion</i>	How long <i>10 or 12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. F. Green</i>
	Address <i>Brooksville Maryland.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Miss Mary Adelaide O'Leary

Town

County

MARYLAND

Died at Martinsburg, Montgomery

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905 March 4th

Age

Md

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

Paralysis

66

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

R. W. Walling M.D.

Address

Poolesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Corn Reed - C.S.A.

Died at *Martinsburg* ^{Town} *Montgomery* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *March* ^{Day} *31* ^{Years} *63* ^{Months} *8* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Va*

Occupation *Merchant and farmer* Where Residing if not at place of death

Married, ~~Single~~ *or Widowed* Name of Wife or Husband *Virginia Hilliard*

Father's Name *John Reed* Father's Birthplace *Va*

Mother's Maiden Name *Laura Douglas* Mother's Birthplace *Va*

Name of person giving Information *Mrs Ditzer* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Carcinoma of Liver* *42* ^{How long} *4 months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

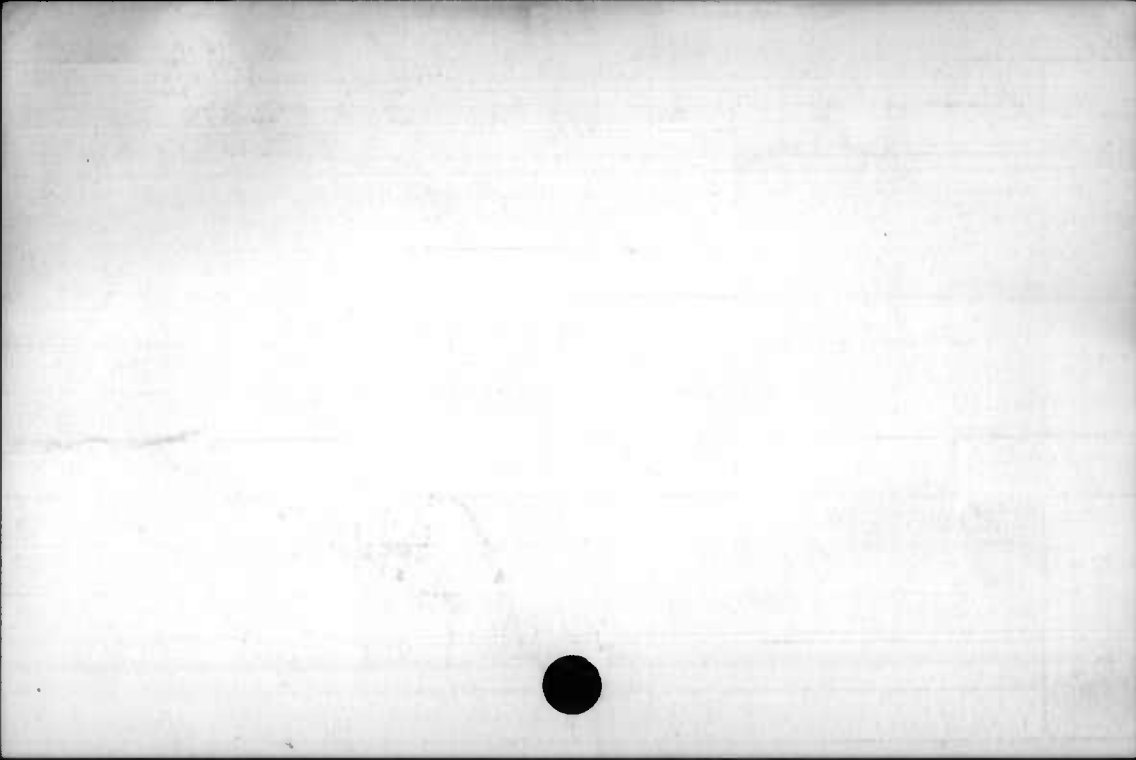
Yes

Signature of Physician

Address

Blw Walling M.D.
Prolesville Md

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

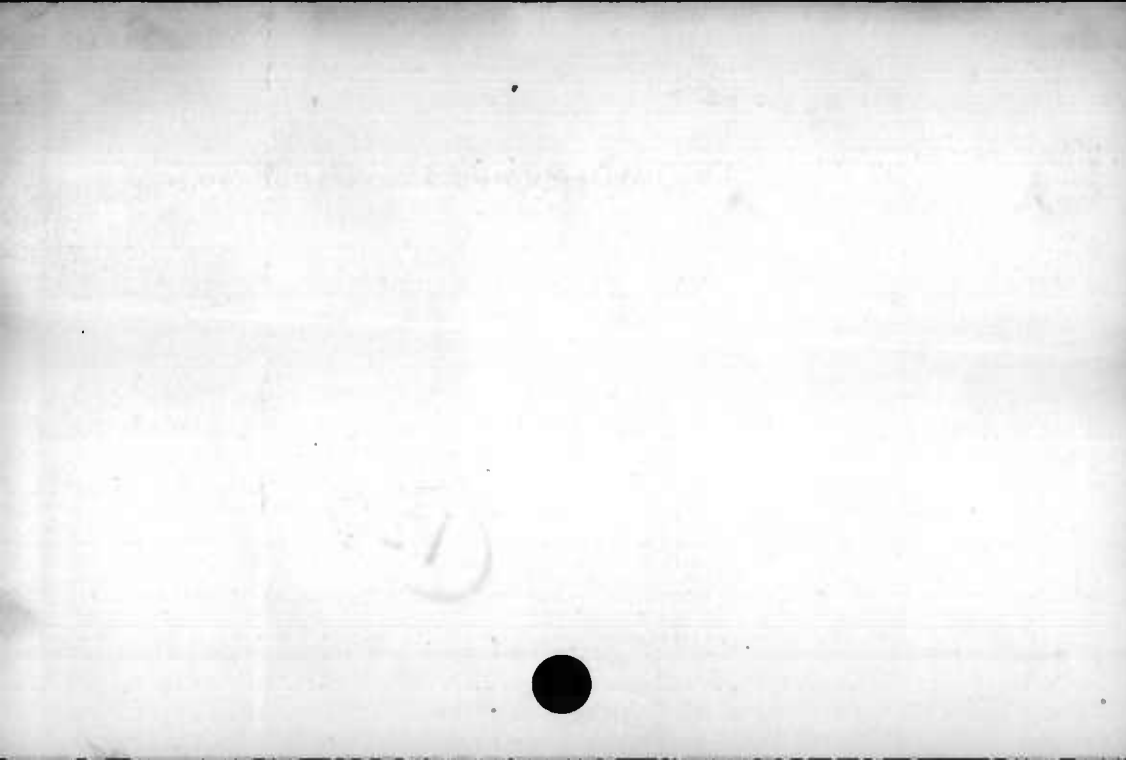
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barnesville</i> Town <i>Montgomery</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>9</i>	Age <i>5-1</i> Years Months Days
Sex	Color or Race <i>Colored</i>	Birth-place <i>Montgomery, Md</i>	
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Cook</i>		
Name of Wife or Husband <i>Pere Riggs</i>			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>Tom Johnson</i>		How related to deceased <i>Not related</i>	

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>Ten years</i>
Immediate <i>Nephritic Insufficiency</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Sturges</i>
	Address <i>Barnesville</i>
	<i>Maryland</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Moses Smothers

CERTIFICATE OF DEATH

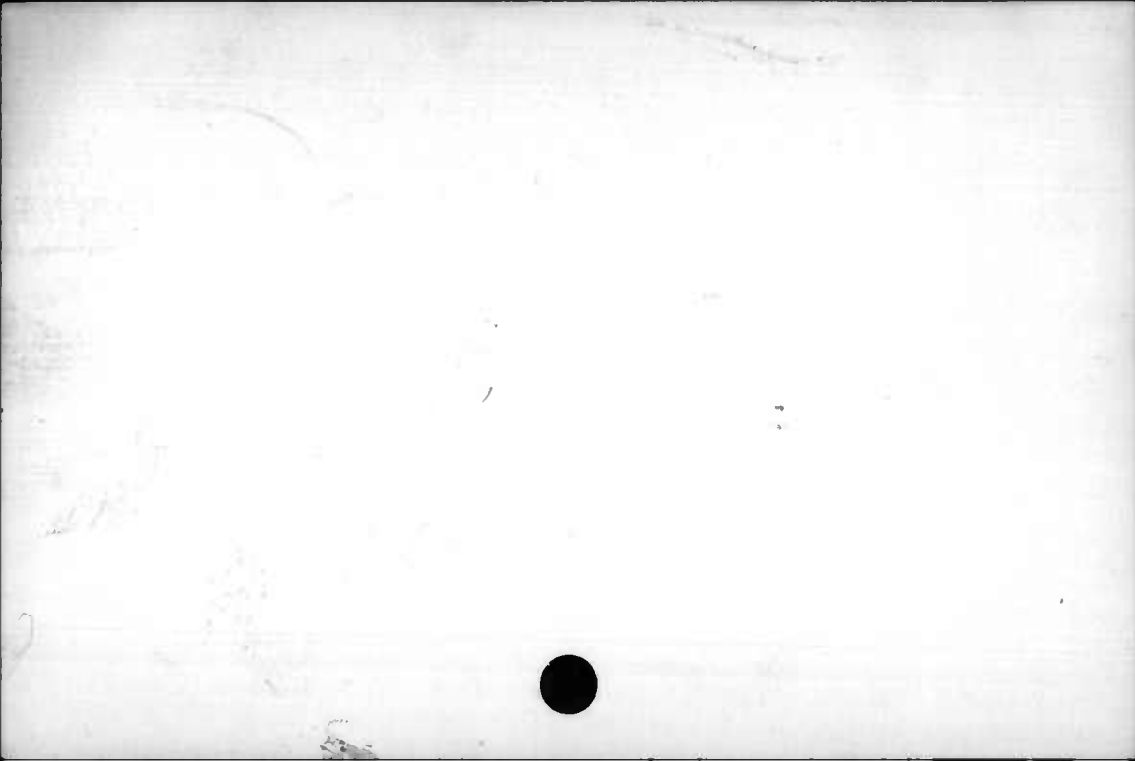
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glen Echo</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND		
Date of death <u>1905</u> ^{Year}		<u>Mar</u> ^{Month}	<u>1</u> ^{Day}	<u>69</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Va</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Victoria Smothers</u>				
Father's Name <u>Moses Smothers</u>		Father's Birthplace <u>Va</u>				
Mother's Maiden Name <u>Mary Smothers</u>		Mother's Birthplace <u>Va</u>				
Name of person giving Information <u>Victoria Smothers</u>		How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long <u>120</u> <u>One year</u>
Immediate	<u>Heart Failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Anthony M. Baynes</u>
		Address <u>Seneca, Va</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

CERTIFICATE OF DEATH

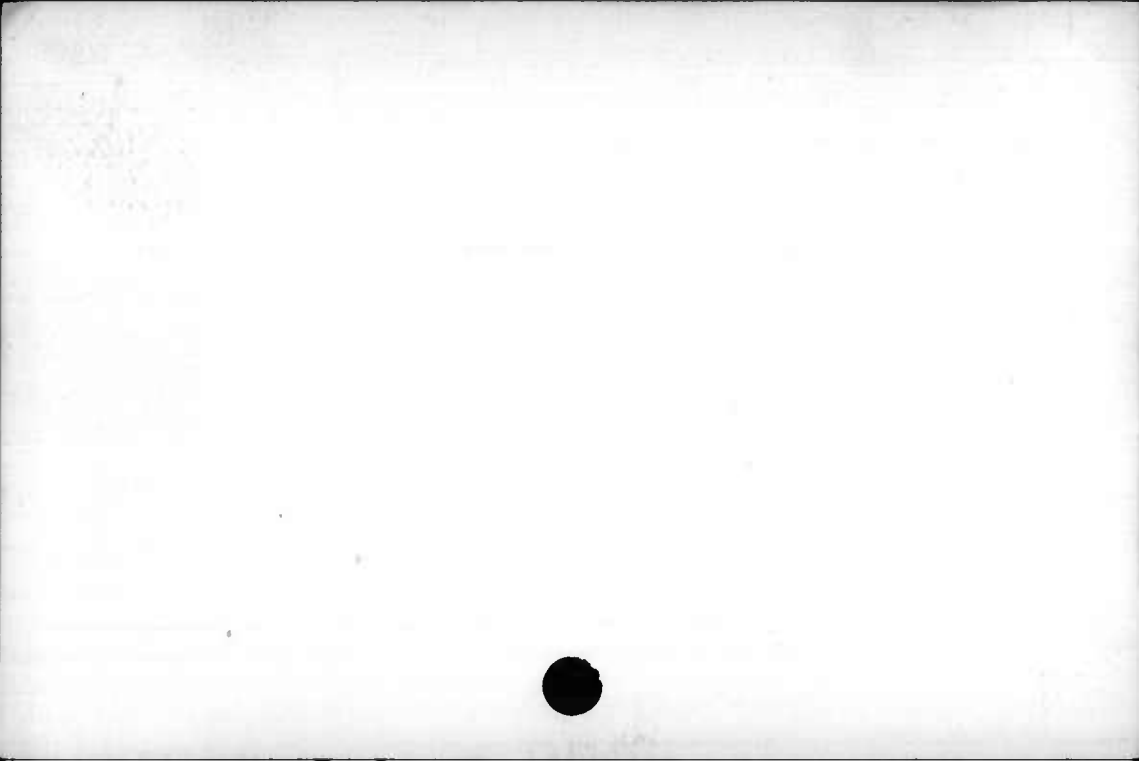
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Potterville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>March</i>	Day <i>27</i>	Age	Years <i>3</i> Months <i>3</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Potterville Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Potterville</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Cornelius Edger</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lillian J Mossburg</i>			Mother's Birthplace <i>Md</i>		
Name of person giving Information <i>Dr B H Walling</i>			How related to deceased <i>physician</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congestion of lungs</i>	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B H Walling</i>
	Address <i>Potterville Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Thompson

CERTIFICATE OF DEATH

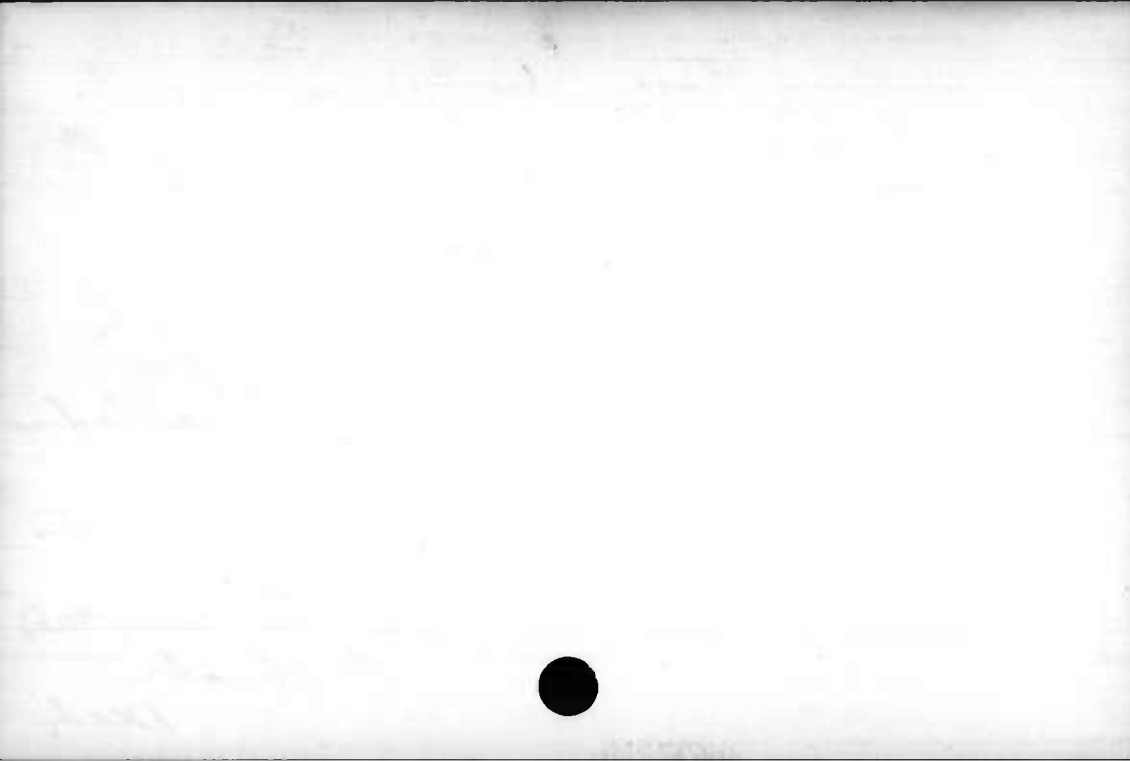
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>19</i>	Age <i>5</i>	Years <i>8</i>	Months <i>5</i>
Sex <i>Boy</i>	Color or Race <i>Black</i>		Birth-place <i>Martinsburg</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Martinsburg</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Chas Thompson</i>			Father's Birthplace <i>Martinsburg</i>		
Mother's Maiden Name <i>Mary Peters</i>			Mother's Birthplace <i>Martinsburg</i>		
Name of person giving Information <i>Robt Peters</i>			How related to deceased <i>Grand-father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold - probably Pneumonia</i>	How long <i>One week</i>
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Hott Sub-reg</i>
	Address <i>Potterville</i>
Accident or Suicide? <i>—</i>	<i>md</i>



Name
in
Full

Robert Albert Warren

CERTIFICATE OF DEATH

Died at ^{Town} W. Chewy Chase^{County} Montgomery

MARYLAND

Date
of death 1905

Month

3

Day

4

Age

Years

18

Months

2

Days

2

Sex *Male*Color or
Race*Negro*Birth-
place*md.*

Occupation

*Laborer*Where Residing if not
at place of death*/*Married, Single
or Widowed*Single*Name of Wife or
Husband*/*Father's
Name*Nelson Warren*Father's
Birthplace*md.*Mother's
Maiden Name*Lizzie Burley*Mother's
Birthplace*md.*Name of person giving
In formation*John Burley*How related
to deceased*grandfather*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 months

Immediate

Exhaustion

How long

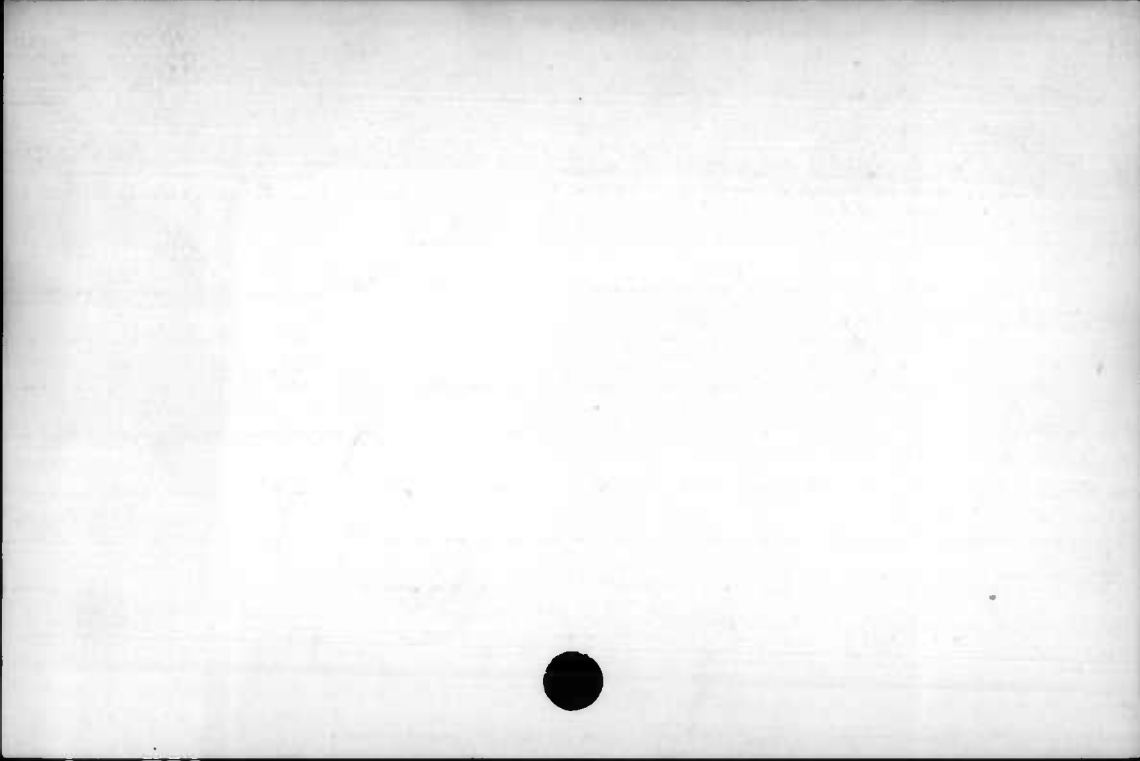
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*John L. Lewis md**Bristow, Md.*

Accident or Suicide?

*md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

J. M. Clayton Williams

Town

County

Throdsides

Montgomery

MARYLAND

Died at

Date 1893 - Mar 15 - Age 57 - Y. M. D. Native of Md. Occupation Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Struck by R.R. Train

How long sick

Death

Immediate

Struck

Accident, Suicide, Homicide

Reported by

Address

W. L. Lewis M.D.

Kensington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 65966



Name in Full

Certificate of Death

Theodor Young

Town

County

MARYLAND

Died at

Pootsville

Montgomery

Co.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

Mar 9

Age

1.2

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

L. Evelyn Young

Mother's

Maiden Name

Margaret Darr

Cause of

Primary

Death

Immediate

Heart Disease

How long sick

29

Accident, Suicide, Homicide

Reported by

B. W. Walling

Address

Pootsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892

